

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

L PAC

ADDRESS (number and street) ▼

1001 G Street, NW

Suite 800



Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00519413

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Dixon

Signature of Treasurer

Karen Dixon

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

31

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>45659.96</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>45659.96</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>339004.00</div></div>	<div><div></div><div>339004.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>384663.96</div></div>	<div><div></div><div>384663.96</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>268913.54</div></div>	<div><div></div><div>268913.54</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>115750.42</div></div>	<div><div></div><div>115750.42</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16375.64

16375.64

(ii) Unitemized

147.00

147.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

16522.64

16522.64

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

16522.64

16522.64

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

39.40

39.40

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

322441.96

322441.96

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

339004.00

339004.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

339004.00

339004.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1217.59	1217.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1217.59	1217.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6125.64	6125.64
24. Independent Expenditures (use Schedule E)	6016.00	6016.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	255554.31	255554.31
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	268913.54	268913.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	268913.54	268913.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16522.64	16522.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16522.64	16522.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1217.59	1217.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	39.40	39.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1178.19	1178.19

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 6 OF 85

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Elaine Apthorp

Mailing Address 170 Centre St

 City
 Milton

 State
 MA

 Zip Code
 02186-3338

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Milton Academy

Occupation

High school teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : VNW3HDQ7K11

Amount of Each Receipt this Period

30.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

B. Kym Boyman

Mailing Address 1391 Robinson Rd

City

Ferrisburgh

State

VT

Zip Code

05456-9663

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Vermont Gynecology

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2015

Transaction ID : VNW3HDQ7WG9

Amount of Each Receipt this Period

50.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

C. Michelle Brilee

Mailing Address 1347 Huckleberry Ln

City

San Jacinto

State

CA

Zip Code

92582-4219

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MBNP Inc

Occupation

Nurse Practitioner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : VNW3HDQ7EX2

Amount of Each Receipt this Period

50.00

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 85
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Chris Gattuso

Mailing Address 3252 Aberfoyle PI NW

City State Zip Code
 Washington DC 20015-2356

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kilpatrick Townsend & Stockton LLP

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015

Transaction ID : VNW3HDR19W0

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dr Twain Gonzales

Mailing Address 102 2nd St

City State Zip Code
 Lewes DE 19958-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Del. Tech, Com College

Occupation
 Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 06 / 2015

Transaction ID : VNW3HDQT1B1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Katherine Gordon

Mailing Address 1441 Q St NW

City State Zip Code
 Washington DC 20009-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Trust for the National Mall

Occupation
 Associate Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : VNW3HDQ7E45

Amount of Each Receipt this Period

20.16

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2770.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hailee Greene

Mailing Address 16 Ladentown Rd

City

Pomona

State

NY

Zip Code

10970-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditto Consulting

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 13 / 2015

Transaction ID : VNW3HDQ4E19

Amount of Each Receipt this Period

3.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

B. Hailee Greene

Mailing Address 16 Ladentown Rd

City

Pomona

State

NY

Zip Code

10970-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditto Consulting

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 13 / 2015

Transaction ID : VNW3HDQ4E75

Amount of Each Receipt this Period

3.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

C. Hailee Greene

Mailing Address 16 Ladentown Rd

City

Pomona

State

NY

Zip Code

10970-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditto Consulting

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 13 / 2015

Transaction ID : VNW3HDQ4EF8

Amount of Each Receipt this Period

3.00

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hailee Greene

Mailing Address 16 Ladentown Rd

City

Pomona

State

NY

Zip Code

10970-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditto Consulting

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 13 / 2015

Transaction ID : VNW3HDQ4EV3

Amount of Each Receipt this Period

3.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

B. Hailee Greene

Mailing Address 16 Ladentown Rd

City

Pomona

State

NY

Zip Code

10970-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditto Consulting

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 13 / 2015

Transaction ID : VNW3HDQ4EY6

Amount of Each Receipt this Period

3.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

C. Della Hughes

Mailing Address 7 Willis Lake Dr

City

Sudbury

State

MA

Zip Code

01776-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandeis University

Occupation

Sr. Fellow

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 18 / 2015

Transaction ID : VNW3HDQ8TN3

Amount of Each Receipt this Period

20.16

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.16

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Felice Londa

Mailing Address 67 Woodland Rd

City

Maplewood

State

NJ

Zip Code

07040-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Londa & Londa, Esqs

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 22 / 2015

Transaction ID : VNW3HDQBKR5

Amount of Each Receipt this Period

100.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

B. Tina Podlodowski

Mailing Address 1620 7th Ave W

City

Seattle

State

WA

Zip Code

98119-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 01 / 2015

Transaction ID : VNW3HDQJEW1

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Amanda Richardson

Mailing Address 915 Glendale Dr

City

Wadsworth

State

OH

Zip Code

44281-8878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Edison

Occupation

Engineering Supervisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 15 / 2015

Transaction ID : VNW3HDQ7JE1

Amount of Each Receipt this Period

20.16

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5120.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 85

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Alix L Ritchie

Mailing Address PO Box 30220

City

Fort Lauderdale

State

FL

Zip Code

33303-0220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

Transaction ID : VNW3HDQZ5K4

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Irene Scheibner

Mailing Address 94 Pheasant Hill Dr

City

West Hartford

State

CT

Zip Code

06107-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	5		

Transaction ID : VNW3HDQ7J02

Amount of Each Receipt this Period

25.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

C. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City

Washington

State

DC

Zip Code

20001-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer

LPAC

Occupation

Executive Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	1	5		

Transaction ID : VNW3HDQ3XE5

Amount of Each Receipt this Period

20.16

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

5045.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Susan Stewart

Mailing Address 4708 48th St NW

City
Washington

State Zip Code
DC 20016-4445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merrill Lynch

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : VNW3HDR3GD9

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Urvashi Vaid

Mailing Address 230 W End Ave
Apt 10C

City
New York

State Zip Code
NY 10023-3664

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Vaid Group LLC

Occupation

Attorney/Writer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : VNW3HDQ7EW4

Amount of Each Receipt this Period

500.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

C. Gail Wright

Mailing Address 4300 Ledgeview Rd

City
Fort Worth

State Zip Code
TX 76109-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : VNW3HDQ7FD7

Amount of Each Receipt this Period

250.00

Earmarked for Hillary for America

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Suzanne Young

Mailing Address 8712 Desert Willow Trl

City	State	Zip Code
Morongo Valley	CA	92256-9516

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	16	/	2015

Transaction ID : VNW3HDQ80G8

Amount of Each Receipt this Period

25.00

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

16375.64

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Stephani R Allison

Mailing Address 22 Club House Dr

City

Rehoboth Beach

State

DE

Zip Code

19971-9679

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Beebe Medical Center

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	5		

Transaction ID : VNW3HDRMZ4

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. J Bob Alotta

Mailing Address 122 Adelphi St

City

Brooklyn

State

NY

Zip Code

11205-2305

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Astraea Foundation

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0		2	0	1	5		

Transaction ID : VNW3HDPG867

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Ave NW

City

Washington

State

DC

Zip Code

20001-2029

FEC ID number of contributing
federal political committee.**C**

C00028860

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5		2	0	1	5		

Transaction ID : VNW3HDPW7K2

Amount of Each Receipt this Period

10000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

10750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Alison Bechdel

Mailing Address 1915 Notch Rd

City

Jericho

State

VT

Zip Code

05465-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alison Bechdel

Occupation

cartoonist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1		2	0	1	5		

Transaction ID : VNW3HDPGQW2

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Jeri Berc

Mailing Address 108 Dewey Ave

City

Lewes

State

DE

Zip Code

19958-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	5		

Transaction ID : VNW3HDRN870

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Chris Bowers

Mailing Address 24286 Reynolds Pond Rd

City

Milton

State

DE

Zip Code

19968-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	5		

Transaction ID : VNW3HDRMY95

Amount of Each Receipt this Period

250.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Robin Brand			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 15 / 2015</div> </div>	
Mailing Address 42 Bates St NW			Transaction ID : VNW3HDPAPG8	
City Washington	State DC	Zip Code 20001-1112	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer RMB Strategies		Occupation Political and Fundraising Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			Non-Contribution Account	

Full Name (Last, First, Middle Initial) B. Noel Brennan			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 13 / 2015</div> </div>	
Mailing Address 575 Riverside Dr Apt 25			Transaction ID : VNW3HDP6F05	
City New York	State NY	Zip Code 10031-8544	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer US Government		Occupation Judge		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			Non-Contribution Account	

Full Name (Last, First, Middle Initial) C. Noel Brennan			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 13 / 2015</div> </div>	
Mailing Address 575 Riverside Dr Apt 25			Transaction ID : VNW3HDP8DS2	
City New York	State NY	Zip Code 10031-8544	Amount of Each Receipt this Period <div> <div>150.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer US Government		Occupation Judge		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			Non-Contribution Account	

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 85

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Maria Caswell

Mailing Address 1710 Donald Pl

City
Silver SpringState
MDZip Code
20902-3802FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Commerce

Occupation

Emergency Management Specialist.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	5		

Transaction ID : VNW3HDRMYJ6

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elyse Cherry

Mailing Address 46 Cotswold Rd

City
BrooklineState
MAZip Code
02445-5837FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Community Capital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	1	5		

Transaction ID : VNW3HDPAM08

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Martha Cochran

Mailing Address 3800 Fordham Rd NW

City
WashingtonState
DCZip Code
20016-1936FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnold & Porter LLP

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	5		

Transaction ID : VNW3HDRMYP8

Amount of Each Receipt this Period

250.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 85

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Barbara E Cohen

Mailing Address 2 Allerton St

A

City

Provincetown

State

MA

Zip Code

02657-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Artist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	5		2	0	1	5		

Transaction ID : VNW3HDPB188

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Pamela David

Mailing Address 301 Mission St

Unit 16J

City

San Francisco

State

CA

Zip Code

94105-6649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Walter & Elise Haas Fund

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	3		2	0	1	5		

Transaction ID : VNW3HDP6FG2

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Karen Dixon

Mailing Address 2414 Tracy Pl NW

City

Washington

State

DC

Zip Code

20008-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney/Activist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	1	5		

Transaction ID : VNW3HDKMYX9

Amount of Each Receipt this Period

40000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

41500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Ruth Eisenberg

Mailing Address 1720 Euclid St NW

City
Washington

State Zip Code
DC 20009-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harmon, Curran, Spielberg & Eisenberg LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2015

Transaction ID : VNW3HDRN896

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Claire Ellis

Mailing Address 318 1st St

City
Brooklyn

State Zip Code
NY 11215-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellis Design Strategies

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : VNW3HDPBKT9

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Jewell Estes

Mailing Address 6144 Utah Ave NW

City
Washington

State Zip Code
DC 20015-2462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federal Reserve, Board of Governors

Occupation
Senior Computer Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : VNW3HDRN8B2

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Fred Eychaner

Mailing Address 1645 W Fullerton Ave

City

Chicago

State

IL

Zip Code

60614-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newsweb Corporation

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : VNW3HDQZ5N0

Amount of Each Receipt this Period

50000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Judith Whitney Godwin

Mailing Address 2 Horatio St

City

New York

State

NY

Zip Code

10014-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : VNW3HDPHBS0

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Mary Harper

Mailing Address 1535 Grand Ave

City

Kalamazoo

State

MI

Zip Code

49006-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

Transaction ID : VNW3HDP65R3

Amount of Each Receipt this Period

500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

51000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Michael Harrell

Mailing Address 3 E 69th St

Apt 5A

City

New York

State

NY

Zip Code

10021-4943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Debevoise & Plimpton LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : VNW3HDPBTS3

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Nancy Hewish

Mailing Address 14 Lighthouse Dr

City

Rehoboth Beach

State

DE

Zip Code

19971-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : VNW3HDRMYT9

Amount of Each Receipt this Period

100.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Nancy Hewish

Mailing Address 14 Lighthouse Dr

City

Rehoboth Beach

State

DE

Zip Code

19971-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : VNW3HDRN8K5

Amount of Each Receipt this Period

500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Isabelle Kirshner

Mailing Address 60 E 42nd St
Ste 1301

City State Zip Code
New York NY 10165-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clayman & Rosenberg

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2015

Transaction ID : VNW3HDP3GV7

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Allison Klein

Mailing Address 77 7th Ave
Apt 12V

City State Zip Code
New York NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2015

Transaction ID : VNW3HDNQHG7

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Allison Klein

Mailing Address 77 7th Ave
Apt 12V

City State Zip Code
New York NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

04 / 24 / 2015

Transaction ID : VNW3HDPK1V1

Amount of Each Receipt this Period

18.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

518.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 85

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Sharon Kleinbaum

Mailing Address 165 Seaman Ave
2B

City State Zip Code
New York NY 10034-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Congregation Beit Simchat Torah

Occupation
Rabbi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2015

Transaction ID : VNW3HDP6606

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Lisa Linsky

Mailing Address 26 Evergreen Way

City State Zip Code
Sleepy Hollow NY 10591-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Will & Emery LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2015

Transaction ID : VNW3HDP62Y4

Amount of Each Receipt this Period

20.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Lisa Linsky

Mailing Address 26 Evergreen Way

City State Zip Code
Sleepy Hollow NY 10591-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Will & Emery LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2015

Transaction ID : VNW3HDP6375

Amount of Each Receipt this Period

200.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1220.00

	11a		11b		11c		12		
	13		14		15		16	<input checked="" type="checkbox"/>	17

L PAC

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Evelyn Maurmeyer

Mailing Address 112 London Cir S

City

Rehoboth Beach

State

DE

Zip Code

19971-1475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal & Estuarine Research, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	5		

Transaction ID : VNW3HDRMY1

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Julie MilliganMailing Address 3019 3rd St
Unit 301

City

Santa Monica

State

CA

Zip Code

90405-5489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverman & Milligan

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	2			2	0	1	5		

Transaction ID : VNW3HDPHC21

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Kathryn E Pile

Mailing Address 16407 John Rowland Trl

City

Milton

State

DE

Zip Code

19968-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promontory Interfinancial Network

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	5		

Transaction ID : VNW3HDRMZ64

Amount of Each Receipt this Period

2000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 85

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Kathryn E Pile

Mailing Address 16407 John Rowland Trl

City
MiltonState
DEZip Code
19968-3548FEC ID number of contributing
federal political committee.

C

Name of Employer

Promontory Interfinancial Network

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : VNW3HDRMZ72

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Laura Ricketts

Mailing Address 1615 W Rosehill Dr

City
ChicagoState
ILZip Code
60660-4017FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VNW3HDKNDA1

Amount of Each Receipt this Period

100000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Laura Ricketts

Mailing Address 1615 W Rosehill Dr

City
ChicagoState
ILZip Code
60660-4017FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : VNW3HDMYSD6

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

103000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Laura Ricketts

Mailing Address 1615 W Rosehill Dr

City
ChicagoState
ILZip Code
60660-4017FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	5		

Transaction ID : VNW3HDP96N4

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Alix L Ritchie

Mailing Address PO Box 30220

City

Fort Lauderdale

State

FL

Zip Code

33303-0220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	5		

Transaction ID : VNW3HDM7M09

Amount of Each Receipt this Period

50000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Cindy RizzoMailing Address 309 W 93rd St
Apt 2C

City

New York

State

NY

Zip Code

10025-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arcus Foundation

Occupation

Philanthropy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	5		

Transaction ID : VNW3HDPS7N4

Amount of Each Receipt this Period

500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. M Candace RonconeMailing Address 2 Horatio St
Apt 8A

City	State	Zip Code
New York	NY	10014-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Harris Stevens

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	2		2	0	1	5		

Transaction ID : VNW3HDPHBM1

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Hilary Rosen

Mailing Address 4835 Hutchins pl NW

City	State	Zip Code
Washington	DC	20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKDKnickerbocker

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	9		2	0	1	5		

Transaction ID : VNW3HDKCYJ0

Amount of Each Receipt this Period

15000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Hilary Rosen

Mailing Address 4835 Hutchins pl NW

City	State	Zip Code
Washington	DC	20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKDKnickerbocker

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	9		2	0	1	5		

Transaction ID : VNW3HDP3EY6

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Susan M Singer

Mailing Address 405 W 23rd St
11BC

City State Zip Code
New York NY 10011-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : VNW3HDPHC05

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. A Sparks

Mailing Address 60 Collingwood St

City State Zip Code
San Francisco CA 94114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Queer Leaders in Philanthropy

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : VNW3HDPTD91

Amount of Each Receipt this Period

1200.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Kristine Stallone

Mailing Address 376 Read Ave

City State Zip Code
Tuckahoe NY 10707-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AJWS

VP of Finance & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : VNW3HDPGTJ9

Amount of Each Receipt this Period

500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 85

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Christine Stanley

Mailing Address PO Box 268

200 Berger rd

City

Matamoras

State

PA

Zip Code

18336-0268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : VNW3HDYG677

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Sandra Stier

Mailing Address 252 10th St NE

City

Washington

State

DC

Zip Code

20002-6214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alameda County Health Care Services Ag

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2015

Transaction ID : VNW3HDRN8S0

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Libby Stiff

Mailing Address 1007 Scarborough Ave

City

Rehoboth Beach

State

DE

Zip Code

19971-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : VNW3HDRPGJ0

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 85

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Susan E Tobin

Mailing Address 30334 S Mill Run

City
Milton

State
DE

Zip Code
19968-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : VNW3HDRN8V6

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Joy Tomchin

Mailing Address 252 7th Ave
Apt 15D

City

New York

State

NY

Zip Code

10001-7348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2015

Transaction ID : VNW3HDNK759

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Joy Tomchin

Mailing Address 252 7th Ave
Apt 15D

City

New York

State

NY

Zip Code

10001-7348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

04 / 27 / 2015

Transaction ID : VNW3HDPN4N5

Amount of Each Receipt this Period

10000.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 85
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Urvashi VaidMailing Address 230 W End Ave
Apt 10CCity State Zip Code
New York NY 10023-3664FEC ID number of contributing
federal political committee.

C

Name of Employer
The Vaid Group LLCOccupation
Attorney/Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 17 2015**Transaction ID : VNW3HDKCRG2**

Amount of Each Receipt this Period

5000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Urvashi VaidMailing Address 230 W End Ave
Apt 10CCity State Zip Code
New York NY 10023-3664FEC ID number of contributing
federal political committee.

C

Name of Employer
The Vaid Group LLCOccupation
Attorney/Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 17 2015**Transaction ID : VNW3HDMYS29**

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Urvashi VaidMailing Address 230 W End Ave
Apt 10CCity State Zip Code
New York NY 10023-3664FEC ID number of contributing
federal political committee.

C

Name of Employer
The Vaid Group LLCOccupation
Attorney/Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2015**Transaction ID : VNW3HDPKZ0**

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 85
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Shari Weiner

Mailing Address 425 E 63rd St
Apt E3D

City State Zip Code
New York NY 10065-7828

FEC ID number of contributing
federal political committee.

C

Name of Employer

MurphyMckeeon,P.C

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2015

Transaction ID : VNW3HDNYPE7

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Robin Weingast

Mailing Address 31 Dennistoun Drive

City State Zip Code
Amagansett NY 11930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robin S. Weingast & Associates

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2015

Transaction ID : VNW3HDPR2B6

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. John Westfall-Kwong

Mailing Address 18 Great Hills Rd

City State Zip Code
Short Hills NJ 07078-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lambda Legal

Occupation

Development Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 26 / 2015

Transaction ID : VNW3HDNDC51

Amount of Each Receipt this Period

500.00

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

318038.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

L PAC

A. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City	State	Zip Code
Los Angeles	CA	90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499RMX24

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City	State	Zip Code
New York	NY	10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VNV499RMZJ4

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	100
18-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	350
85+	250

Full Name (Last, First, Middle Initial)

C. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City	State	Zip Code
New York	NY	10011-2142

Purpose of Disbursement

Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VNV499RMZK2

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional).....

1050.00

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ3XE5C

Amount of Each Disbursement this Period

20.16

Earmarked by Elizabeth Shipp

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ4E19C

Amount of Each Disbursement this Period

3.00

Earmarked by Hailee Greene

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ4E75C

Amount of Each Disbursement this Period

3.00

Earmarked by Hailee Greene

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.16

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ4EF8C

Amount of Each Disbursement this Period

3.00

Earmarked by Hailee Greene

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ4EV3C

Amount of Each Disbursement this Period

3.00

Earmarked by Hailee Greene

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ4EY6C

Amount of Each Disbursement this Period

3.00

Earmarked by Hailee Greene

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7E45C

Amount of Each Disbursement this Period

20.16

Earmarked by Katherine Gordon

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7EW4C

Amount of Each Disbursement this Period

500.00

Earmarked by Urvashi Vaid

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7EX2C

Amount of Each Disbursement this Period

50.00

Earmarked by Michelle Brilee

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

570.16

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7FD7C

Amount of Each Disbursement this Period

250.00

Earmarked by Gail Wright

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7J02C

Amount of Each Disbursement this Period

25.00

Earmarked by Irene Scheibner

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7JE1C

Amount of Each Disbursement this Period

20.16

Earmarked by Amanda Richardson

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

295.16

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7K11C

Amount of Each Disbursement this Period

30.00

Earmarked by Elaine Apthorp

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ7WG9C

Amount of Each Disbursement this Period

50.00

Earmarked by Kym Boyman

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : VNW3HDQ80G8C

Amount of Each Disbursement this Period

25.00

Earmarked by Suzanne Young

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

105.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : VNW3HDQ8TN3C

Amount of Each Disbursement this Period

20.16

Earmarked by Della Hughes

Full Name (Last, First, Middle Initial)

B. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Conduit Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : VNW3HDQBKR5C

Amount of Each Disbursement this Period

100.00

Earmarked by Felice Londa

Full Name (Last, First, Middle Initial)

C. Hillary for America

Mailing Address PO Box 5256

City	State	Zip Code
New York	NY	10185-5256

Purpose of Disbursement
Contribution

Candidate Name

HILLARY RODHAM CLINTON

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President

State: NY District: 00

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : VNV499RWYA2

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5120.16

6125.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. American AirlinesMailing Address 4333 Amon Carter Blvd
MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Transaction ID : VNV499RM4A5

Amount of Each Disbursement this Period

210.20

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : VNV499RWT79

Amount of Each Disbursement this Period

449.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Astraea Lesbian Foundation for Justice: AstraeaMailing Address 116 E 16th St
FI 7

City New York State NY Zip Code 10003-2159

Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2015

Transaction ID : VNV499RM4B2

Amount of Each Disbursement this Period

1000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1659.20

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128-8999

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		01		2015

Transaction ID : VNV499RMWC1

Amount of Each Disbursement this Period

41.75

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128-8999

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : VNV499RMWB3

Amount of Each Disbursement this Period

41.75

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128-8999

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Transaction ID : VNV499RMW97

Amount of Each Disbursement this Period

41.40

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2015

Transaction ID : VNV499RM4C0

Amount of Each Disbursement this Period

41.75

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : VNV499RPET7

Amount of Each Disbursement this Period

41.40

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : VNV499RWT87

Amount of Each Disbursement this Period

41.05

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.20

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

A. BANK OF AMERICA

Mailing Address 700 13th St NW

City	State	Zip Code
Washington	DC	20005-3950

Purpose of Disbursement	Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '05'. The third display is labeled 'Y Y Y Y' and shows the year '2015'.

Transaction ID : VNV499RMWE6

Amount of Each Disbursement this Period

32.76

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 700 13th St NW

City	State	Zip Code
Washington	DC	20005-3950

Purpose of Disbursement	Bank Fee

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499RMWF4

Amount of Each Disbursement this Period

15.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 700 13th St NW

City	State	Zip Code
Washington	DC	20005-3950

Purpose of Disbursement	Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown, each with a grid of small squares above the main number. The first display shows '01' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2015' with four squares above it.

Transaction ID : VNV499RMWG2

Amount of Each Disbursement this Period

25.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

72.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : VNV499RMWH0

Amount of Each Disbursement this Period

25.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

Transaction ID : VNV499RMWJ8

Amount of Each Disbursement this Period

50.81

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : VNV499RMWK6

Amount of Each Disbursement this Period

31.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : VNV499RMWM4

Amount of Each Disbursement this Period

77.54

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : VNV499RMWN2

Amount of Each Disbursement this Period

3.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : VNV499RMWP0

Amount of Each Disbursement this Period

116.11

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

196.65

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : VNV499RM4D8

Amount of Each Disbursement this Period

52.77

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : VNV499RPEW3

Amount of Each Disbursement this Period

52.54

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : VNV499RWT95

Amount of Each Disbursement this Period

98.58

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 700 13th St NW

City
WashingtonState
DCZip Code
20005-3950Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : VNV499RWT3

Amount of Each Disbursement this Period

46.81

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Capital Pride

Mailing Address 1407 S St NW

City
WashingtonState
DCZip Code
20009-3819Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2015

Transaction ID : VNV499RM4H0

Amount of Each Disbursement this Period

600.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Carefirst Bluecross Blueshield

Mailing Address 840 1st St NE

City
WashingtonState
DCZip Code
20065-0003Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : VNV499RMWV9

Amount of Each Disbursement this Period

548.33

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1195.14

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Carefirst Bluecross Blueshield

Mailing Address 840 1st St NE

City
WashingtonState
DCZip Code
20065-0003Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2015

Transaction ID : VNV499RMWW7

Amount of Each Disbursement this Period

548.33

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Carefirst Bluecross Blueshield

Mailing Address 840 1st St NE

City
WashingtonState
DCZip Code
20065-0003Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

Transaction ID : VNV499RMWX5

Amount of Each Disbursement this Period

548.33

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Carefirst Bluecross Blueshield

Mailing Address 840 1st St NE

City
WashingtonState
DCZip Code
20065-0003Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Transaction ID : VNV499RPEY9

Amount of Each Disbursement this Period

548.33

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1644.99

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Carr WorkplaceMailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : VNV499RM813

Amount of Each Disbursement this Period

5755.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Carr WorkplaceMailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : VNV499RWTD7

Amount of Each Disbursement this Period

1866.93

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Chandler Inn

Mailing Address 26 Chandler St

City Boston State MA Zip Code 02116-5221

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Transaction ID : VNV499RM821

Amount of Each Disbursement this Period

252.64

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7874.57

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Transaction ID : VNV499RMWY3

Amount of Each Disbursement this Period

23499.05

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : VNV499RMWZ1

Amount of Each Disbursement this Period

10000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : VNV499RMX09

Amount of Each Disbursement this Period

1393.16

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

34892.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : VNV499RM846

Amount of Each Disbursement this Period

10000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : VNV499RM838

Amount of Each Disbursement this Period

2029.83

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : VNV499RNM5

Amount of Each Disbursement this Period

10000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22029.83

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : VNV499RPEZ7

Amount of Each Disbursement this Period

3102.01

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : VNV499RWTN0

Amount of Each Disbursement this Period

10000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City
WashingtonState
DCZip Code
20005-3805Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : VNV499RR4T3

Amount of Each Disbursement this Period

612.84

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13714.85

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Collective Conscience, LLCMailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2015

Transaction ID : VNV499RMX16

Amount of Each Disbursement this Period

4750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Collective Conscience, LLCMailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Transaction ID : VNV499RMX32

Amount of Each Disbursement this Period

5000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Collective Conscience, LLCMailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2015

Transaction ID : VNV499RMX40

Amount of Each Disbursement this Period

5000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14750.00

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

A. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City	State	Zip Code
Los Angeles	CA	90046-3117

Purpose of Disbursement	Communication Consulting Services
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date in MM/DD/YYYY format: 04/15/2015.

Transaction ID : VNV499RM854

Amount of Each Disbursement this Period

4500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City	State	Zip Code
Los Angeles	CA	90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499RN792

Amount of Each Disbursement this Period

4396.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City	State	Zip Code
Los Angeles	CA	90046-3117

Purpose of Disbursement	Communication Consulting Services
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499RR270

Amount of Each Disbursement this Period

4000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12896.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : VNV499RMX66

Amount of Each Disbursement this Period

7600.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : VNV499RMX74

Amount of Each Disbursement this Period

7600.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : VNV499RMX82

Amount of Each Disbursement this Period

8882.82

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24082.82

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : VNV499RM862

Amount of Each Disbursement this Period

8000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2015

Transaction ID : VNV499RPF20

Amount of Each Disbursement this Period

8000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Ditto ConsultingMailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : VNV499RR262

Amount of Each Disbursement this Period

8000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

24000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. First Data - Merchant Services

Mailing Address 1 Western Maryland Pkwy

City	State	Zip Code
Hagerstown	MD	21740-5146

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2015

Transaction ID : VNV499RMYK1

Amount of Each Disbursement this Period

816.59

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. First Data - Merchant Services

Mailing Address 1 Western Maryland Pkwy

City	State	Zip Code
Hagerstown	MD	21740-5146

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Transaction ID : VNV499RPF46

Amount of Each Disbursement this Period

655.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Maria L GaldoMailing Address 409 7th St NW
Ste 350

City	State	Zip Code
Washington	DC	20004-2312

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : VNV499RMYT7

Amount of Each Disbursement this Period

2500.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3971.59

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Gay & Lesbian Victory FundMailing Address 1133 15th St NW
Ste 350

City Washington State DC Zip Code 20005-2722

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : VNV499RMYM9

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Ginny for Mayor

Mailing Address PO Box 32072

City Charleston State SC Zip Code 29417-2072

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : VNV499RR4S5

Amount of Each Disbursement this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLCMailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : VNV499RMYN7

Amount of Each Disbursement this Period

1613.32

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2863.32

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type**Transaction ID : VNV499RMYP5**

Amount of Each Disbursement this Period

431.15

Non-Contribution Account

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2015

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type**Transaction ID : VNV499RM8A4**

Amount of Each Disbursement this Period

30.60

Non-Contribution Account

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type**Transaction ID : VNV499RN784**

Amount of Each Disbursement this Period

2250.50

Non-Contribution Account

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2712.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type**Transaction ID : VNV499RR246**

Amount of Each Disbursement this Period

2831.85

Non-Contribution Account

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Heritage House

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Mailing Address 7 Center St

City Provincetown State MA Zip Code 02657-2309

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type**Transaction ID : VNV499RM8B2**

Amount of Each Disbursement this Period

660.00

Non-Contribution Account

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Indeed, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

Mailing Address 7501 N Capital Of Texas Hwy
Bldg B

City Austin State TX Zip Code 78731-1776

Purpose of Disbursement
Online Advertising

Candidate Name

Category/
Type**Transaction ID : VNV499RMYR1**

Amount of Each Disbursement this Period

236.91

Non-Contribution Account

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3728.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Indeed, IncMailing Address 7501 N Capital Of Texas Hwy
Bldg B

City Austin State TX Zip Code 78731-1776

Purpose of Disbursement
Online Advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Transaction ID : VNV499RMYQ3

Amount of Each Disbursement this Period

23.03

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. John Agnesini Graphic Design

Mailing Address 1843 N Cherokee Ave

City Los Angeles State CA Zip Code 90028-4753

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : VNV499RM8C0

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Emily Khoo

Mailing Address 405 W 55th St

City New York State NY Zip Code 10019-4402

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2015

Transaction ID : VNV499RWV80

Amount of Each Disbursement this Period

775.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1298.03

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Meeting Tomorrow

Mailing Address 1802 W Berteau Ave

City	State	Zip Code
Chicago	IL	60613-6181

Purpose of Disbursement
Telephone

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : VNV499RM8F3

Amount of Each Disbursement this Period

524.96

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Meeting Tomorrow

Mailing Address 1802 W Berteau Ave

City	State	Zip Code
Chicago	IL	60613-6181

Purpose of Disbursement
Telephone

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : VNV499RM8G1

Amount of Each Disbursement this Period

196.97

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Mission Control IncMailing Address 624 Hebron Ave
Bldg 200

City	State	Zip Code
Glastonbury	CT	06033-2470

Purpose of Disbursement
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : VNV499RR254

Amount of Each Disbursement this Period

380.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1101.93

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Mt Vernon PrintingMailing Address 13201 Mid Atlantic Blvd
Ste 100

City Laurel State MD Zip Code 20708-1433

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : VNV499RWVN3

Amount of Each Disbursement this Period

572.20

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : VNV499RMVY5

Amount of Each Disbursement this Period

900.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : VNV499RM8R4

Amount of Each Disbursement this Period

900.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2372.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2015

Transaction ID : VNV499RNAP1

Amount of Each Disbursement this Period

975.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement
Website Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

Transaction ID : VNV499RMYW3

Amount of Each Disbursement this Period

2998.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2015

Transaction ID : VNV499RMYZ6

Amount of Each Disbursement this Period

3442.81

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7415.81

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2015

Transaction ID : VNV499RMZ04

Amount of Each Disbursement this Period

134.67

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : VNV499RMZ12

Amount of Each Disbursement this Period

2123.45

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : VNV499RMZ20

Amount of Each Disbursement this Period

81.80

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2339.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2015

Transaction ID : VNV499RMZ46

Amount of Each Disbursement this Period

2123.46

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2015

Transaction ID : VNV499RMZ54

Amount of Each Disbursement this Period

81.80

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2015

Transaction ID : VNV499RMZ62

Amount of Each Disbursement this Period

101.36

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2306.62

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City
RochesterState
NYZip Code
14625-2311Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2015

Transaction ID : VNV499RMZ87

Amount of Each Disbursement this Period

2123.45

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City
RochesterState
NYZip Code
14625-2311Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RPK37

Amount of Each Disbursement this Period

2123.46

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City
RochesterState
NYZip Code
14625-2311Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RPK45

Amount of Each Disbursement this Period

81.80

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4328.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

Transaction ID : VNV499RPK53

Amount of Each Disbursement this Period

2123.47

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

Transaction ID : VNV499RPK61

Amount of Each Disbursement this Period

110.54

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2015

Transaction ID : VNV499RWVT2

Amount of Each Disbursement this Period

85.54

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2319.55

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : VNV499RWVV0

Amount of Each Disbursement this Period

2123.45

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : VNV499RWVW8

Amount of Each Disbursement this Period

110.56

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : VNV499RWVX6

Amount of Each Disbursement this Period

2123.46

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4357.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLCMailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : VNV499RMZA3

Amount of Each Disbursement this Period

157.50

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. PCMS, LLCMailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : VNV499RM8M3

Amount of Each Disbursement this Period

1680.49

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. PCMS, LLCMailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : VNV499RNAN3

Amount of Each Disbursement this Period

1011.64

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2849.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLCMailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : VNV499RPRP8

Amount of Each Disbursement this Period

1175.28

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Peak CreativeMailing Address 3330 Larimer St
Ste 2B

City Denver State CO Zip Code 80205-2413

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

Transaction ID : VNV499RM8N1

Amount of Each Disbursement this Period

627.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Ritz-Carlton Hotel CompanyMailing Address 4445 Willard Ave
Ste 800

City Chevy Chase State MD Zip Code 20815-3699

Purpose of Disbursement
Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : VNV499RM8P9

Amount of Each Disbursement this Period

3000.00

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4802.28

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Ritz-Carlton Hotel CompanyMailing Address 4445 Willard Ave
Ste 800

City Chevy Chase State MD Zip Code 20815-3699

Purpose of Disbursement
Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : VNV499RPKP8

Amount of Each Disbursement this Period

4815.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City Mc Lean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2015

Transaction ID : VNV499RMZD5

Amount of Each Disbursement this Period

1041.57

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City Mc Lean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Transaction ID : VNV499RMZC7

Amount of Each Disbursement this Period

2063.07

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7919.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City Mc Lean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : VNV499RM8Q6

Amount of Each Disbursement this Period

373.32

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Transaction ID : VNV499RMWQ7

Amount of Each Disbursement this Period

5009.35

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : VNV499RMWR5

Amount of Each Disbursement this Period

3483.32

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8865.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Travel Reimbursement (all unitemized)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : VNV499RMWS3

Amount of Each Disbursement this Period

443.38

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : VNV499RWWS5

Amount of Each Disbursement this Period

3483.31

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : VNV499RMWT1

Amount of Each Disbursement this Period

763.91

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4690.60

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2015

Transaction ID : VNV499RWWT3

Amount of Each Disbursement this Period

3483.32

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

Transaction ID : VNV499RWWV1

Amount of Each Disbursement this Period

3483.31

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RNA64

Amount of Each Disbursement this Period

1586.73

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8553.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 201 I St NE

City
WashingtonState
DCZip Code
20002-4449Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RNA80

Amount of Each Disbursement this Period

797.50

[MEMO ITEM]

* Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Spring Hill Suites by Marriott

Mailing Address 10400 Fernwood Rd

City
BethesdaState
MDZip Code
20817-1102Purpose of Disbursement
Event Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RNAD0

Amount of Each Disbursement this Period

566.29

[MEMO ITEM]

* Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Staples Inc.

Mailing Address 500 Staples Dr

City
FraminghamState
MAZip Code
01702-4478Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : VNV499RNA98

Amount of Each Disbursement this Period

49.47

[MEMO ITEM]

* Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Uber TechnologiesMailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : VNV499RNAH1

Amount of Each Disbursement this Period

16.02

[MEMO ITEM]

* Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : VNV499RWWW9

Amount of Each Disbursement this Period

3483.30

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : VNV499RWWZ2

Amount of Each Disbursement this Period

1523.91

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5007.21

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

A. Delta Airlines

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

400.00

* Non-Contribution Account

B. Orbitz

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

560.01

* Non-Contribution Account

C. Uber Technologies

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

314.39

* Non-Contribution Account

The diagram shows a rectangular frame with 10 vertical members and 2 horizontal members. A cross-section of a member is shown, indicating a rectangular shape with a central void.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : VNV499RWWX7

Amount of Each Disbursement this Period

3483.32

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Elizabeth ShippMailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : VNV499RWWY5

Amount of Each Disbursement this Period

3483.31

Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Staples Inc.

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : VNV499RPKS1

Amount of Each Disbursement this Period

49.68

Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7016.31

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

A. Staples Inc.

Mailing Address 500 Staples Dr

City	State	Zip Code
Framingham	MA	01702-4478

Purpose of Disbursement	Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499RWVY4

Amount of Each Disbursement this Period

132.82

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Start Somewhere, LLC

Mailing Address 320 Capp St

City	State	Zip Code
San Francisco	CA	94110-1808

Purpose of Disbursement Event Sponsorship

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
02 24 2015

Transaction ID : VNV499RMZE3

Amount of Each Disbursement this Period

3500.00

Non-Contribution Account

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3632.82

254022.82

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) L PAC			FEC IDENTIFICATION NUMBER ▼ C C00519413		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Collective Conscience, LLC			Date of Public Distribution/Dissemination 04 / 15 / 2015		
Mailing Address 7254 Hollywood Blvd Apt 1			Amount 500.00		
City Los Angeles		State CA	Zip Code 90046-3117		Transaction ID : VNV499RFX7
Purpose of Expenditure Communication Consulting Services		Category/ Type 	Date of Disbursement or Obligation 04 / 15 / 2015		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 6016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Collective Conscience, LLC			Date of Public Distribution/Dissemination 05 / 12 / 2015		
Mailing Address 7254 Hollywood Blvd Apt 1			Amount 1000.00		
City Los Angeles		State CA	Zip Code 90046-3117		Transaction ID : VNV499RXY5
Purpose of Expenditure Communication Consulting Services		Category/ Type 	Date of Disbursement or Obligation 05 / 12 / 2015		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 6016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Karen Dixon</i>		[Electronically Filed]		Date 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) L PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00519413</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee Collective Conscience, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 19 / 2015	
Mailing Address 7254 Hollywood Blvd Apt 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1000.00	
City Los Angeles	State CA	Zip Code 90046-3117	Transaction ID : VNV499RZFZ3 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 19 / 2015
Purpose of Expenditure Communication Consulting Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 6016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Mission Control Inc		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 09 / 2015	
Mailing Address 624 Hebron Ave Bldg 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 475.00	
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VNV499RQAH5 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 09 / 2015
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 6016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1475.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="border-top: 1px solid black; width: 100%;"></div> <i>Karen Dixon</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) L PAC		FEC IDENTIFICATION NUMBER ▼ C C00519413	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Mt Vernon Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 13201 Mid Atlantic Blvd Ste 100		Amount 191.00	
City Laurel	State MD	Zip Code 20708-1433	Transaction ID : VNV499RXG01 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Purpose of Expenditure Printing		Category/ Type 	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
6016.00			
Full Name of Payee Olive Street Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2015	
Mailing Address 264 E Kenilworth Ave		Amount 2800.00	
City Villa Park	State IL	Zip Code 60181-5502	Transaction ID : VNV499RM8K5 Date of Disbursement or Obligation MM / DD / YYYY 04 / 21 / 2015
Purpose of Expenditure Website Services		Category/ Type 	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
6016.00			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2991.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		 	
(c) TOTAL Independent Expenditures..... ▶		 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Karen Dixon</i>		Date MM / DD / YYYY 07 / 31 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) L PAC			FEC IDENTIFICATION NUMBER ▼ C C00519413		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Olive Street Design			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 18 / 2015		
Mailing Address 264 E Kenilworth Ave			Amount 25.00		
City Villa Park		State IL	Zip Code 60181-5502		
Purpose of Expenditure Website Services		Category/Type 	Transaction ID : VNV499RPK04 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 18 / 2015		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		6016.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Olive Street Design			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 17 / 2015		
Mailing Address 264 E Kenilworth Ave			Amount 25.00		
City Villa Park		State IL	Zip Code 60181-5502		
Purpose of Expenditure Website Services		Category/Type 	Transaction ID : VNV499RWVR6 Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 17 / 2015		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		6016.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			6016.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Karen Dixon</i>		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 31 / 2015	